

	<b>INSPECTOR / MECHANIC APPLICATION</b>  <b>Motor Vehicle Inspection</b>		<b>Missouri State Highway Patrol</b>		Troop A 504 S.E. Blue Parkway Lee's Summit, MO 64063-4351	Troop C 599 South Mason Road St. Louis, MO 63141-8550	Troop E 4947 Hwy 67 North Poplar Bluff, MO 63901-8719	Troop G P.O. Box 10 Willow Springs, MO 65793-0010	Troop I P.O. Box 128 Rolla, MO 65402-0128
			Troop B 308 Pine Crest Drive Macon, MO 63552-1030	Troop D 3131 East Kearney Street Springfield, MO 65803-5044	Troop F P.O. Box 568 Jefferson City, MO 65102-0568	Troop H P.O. Box 8580 St. Joseph, MO 64508-8580			

INSTRUCTIONS: Fill in all blocks and mark (X) in the appropriate boxes. Print information in capital letters with a pen. Attach a 2" x 2" photograph taken within the past 3 months (your name and address must be on the back of the photograph). Mail or deliver this completed application and your photograph to the Missouri State Highway Patrol headquarters of the troop area where your place of employment is located. See address above.

Attention new applicant: To become an inspector you must have had one year of practical experience as an automotive mechanic or have successfully completed a course of vocational instruction in automotive mechanics from a generally recognized educational institution, either public or private. Permits are not denied on the basis of sex, race, creed, color, religion, or ancestry.

APPLICANT'S IDENTIFICATION & ADDRESS																	
LAST NAME				FIRST NAME				MI	NAME SUFFIX <input type="checkbox"/> JR <input type="checkbox"/> SR		PERMIT NUMBER						
HOME ADDRESS - STREET						CITY				STATE		ZIP CODE					
DATE OF BIRTH			SEX <input type="checkbox"/> M <input type="checkbox"/> F	HOME AREA CODE & TELEPHONE			SOCIAL SECURITY NUMBER										
MECHANICAL EXPERIENCE & TRAINING																	
GARAGES, ETC.	NAME & ADDRESS (Where experience / training received)									DATES							
										FROM      TO							
										MO   YR      MO   YR							
EMI / MECHANICAL SCHOOLS																	
INSPECTION STATION(S)																	
NAME & ADDRESS OF CURRENT INSPECTION STATION EMPLOYER(S)								AREA CODE & TELEPHONE		STATION PERMIT NO.							
CERTIFICATION																	
I certify that the information in this application is accurate and complete, and if approved, that I will inspect vehicles in accordance with motor vehicle safety inspection laws and prescribed rules and regulations.				APPLICANT'S SIGNATURE				MO      DAY      YR		PERMIT EXPIRES							
ADMINISTRATIVE DATA (Officer's use only)																	
TROOP	DATE (Test / Renewal)			NEW - NEW REN - RENEWAL REI - REINSTATE CIT - CITED EXP - EXPIRED	INSPECTION EXAM SERIES		SCORE (%)			P - PASS F - FAIL		ALL MCY EMI	DATE PROCESSED BY TROOP		EXAMINER'S BADGE NO.	SUPERVISOR'S INITIALS	